

Motor
Vehicle
Mail Drop 552M
Dealer Licensing Unit
Motor Vehicle Division
PO Box 2100

Phone

Signature

TITLE SERVICE BOND

ADOT Division Phoenix	AZ 85001-2100			Во	nd Number	
38-5111 R11/05 www.azdot.gov						
Principal Name (Dealer Licensee)			Business Type Corporation	☐ LLP ☐ Individual	☐ LLC ☐ Partne	ership
Trade Name/Doing Business As		Business Location	City	County		State
Surety Name					Surety Sta	ite
The Surety named above, a corporation of above and duly authorized by the Arizona business in the State of Arizona, and the	Department of Insu	urance under the la	aws of the State rmly bound unto	of Arizona to o the State of A	do a genera rizona in th	I surety e sum
of			ns, for which pa		d truly to be	
Whereas, the above bounden Principal d Transportation, for a license as provided in				or of the Arizo	ona Departi	ment o
Now, therefore, if the said license shall to and after the date of issuance of such lice 1. Non-payment by the Principal of a titl 2. Insolvency or discontinuance of busin 3. Any unlawful act of the Principal	ense respond in dam e, registration or ot	nages to any perso	n who suffers a	loss because o	f:	all from
Provided further that the limit of the liabi period of time after the date hereof. No p the obligee shall have any right under this	party other than the					-
This is a continuing bond and shall contin manner herein set forth.	ue in full force and	effect from and a	fter its effective	date until cand	celed by an	d in the
If the Surety herein shall so elect, liability such desire to terminate liability to the Diaddress set forth above, in which event approvided by law, unless a new bond shall which event such termination of liability terminate liability thereunder shall not affect to the effective date of termination, but acts and omissions of such Principal occusuch notice of termination had not been greater to the effective date.	irector of the Arizon said termination of I have been filed by shall be effective frect the liability of the such Surety shall orring prior to the tires.	na Department of liability shall becons such Principal and the effective the Surety for any accontinue to be liab	Transportation, ome effective at daccepted by t date of such ne acts or omission ole under all of the such that th	State of Arizon the end of the he Director, pri w bond. Such s of such Princ the provisions of	a, delivered 60 day pe or to such notice of d ipal occurri of this bond	d to the riod, as time, ir esire to ng priod for al
The Principal and Surety executed this bo	nd on	This bond is effe	ective as of	·		
Surety Attorney-In-Fact Name	Principal or Duly	Authorized Officer N	ame Signat	ure		
Phone ()	Partner Name		Signat	ure		
Signature	Partner Name		Signat	cure		
Surety Resident Agent Name	Title	Sei	nd Bond Claims To)		
Mailing Address		Ma	iling Address			
City, State, Zip Code		Cit	y, State, Zip Code			
E-mail Address	Fax	Pho	one			